

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-876)

SERIAL NO.

9/370 373

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16	/		/		/	
17		/		/		/
18		/		/		/
19		/		/		/
20		/		/		/
21		/		/		/
22		/		/		/
23		/		/		/
24	/		/		/	
25		/		/		/
26		/		/		/
27		/		/		/
28		/		/		/
29		/		/		/
30		/		/		/
31		/		/		/
32		/		/		/
33		/		/		/
34		/		/		/
35		/		/		/
36		/		/		/
37		/		/		/
38		/		/		/
39			/		/	
40			/		/	
41					/	
42						/
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2		4		5	
TOTAL DEP.	20		21		18	
TOTAL CLAIMS	22		25		23	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						